AMERICAN ACADEMY OF FAMILY PHYSICIANS
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Prepared Comments | Michael Munger, MD – President, AAFP

CMS Administrator Roundtable on Administrative Burden
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Good morning. My name is Michael Munger. I am a practicing family physician in Overland Park, Kansas and the President of the American Academy of Family Physicians. I am honored to be here today representing the 129,000 members of the AAFP.

I want to thank Administrator Verma for her leadership on the issue of administrative simplification. Your decision to prioritize this issue and the work being conducted by CMS, reflects a sense of urgency that is appreciated by physicians across the nation. Under your leadership, CMS has pushed a robust agenda aimed at reducing the administrative complexity of modern medical practice, thus allowing physicians and other health care providers to spend more of their time providing care to patients. The AAFP also wishes to thank you for your public acknowledgement that the cost of mandatory administrative functions is crippling independent physician practices and is a leading reason physicians sell their practices and a major driver of physician burnout.

This effort comes at a critical time for our health care system. The cost of administrative and regulatory activities in both time and cost has grown significantly over the past decade. I would characterize the global issue of "administrative burden" as the top priority for family physicians and, I would venture to guess, for all physicians. The volume of administrative and regulatory functions required of physicians is compounded by the lack of harmonization in these functions across payers. The average family physician has contractual relationship with 7 or more payers. In fact, 38% have contractual relationships with more than 10 payers. This means that each family physician participates in 7 or more quality programs, 7 or more prior authorization programs, 7 or more appropriate use programs, 7 or more cost utilization programs; to name a few.

To frame my comments and our conversation today, I would point to three studies:

- The first is an AMA survey that found the average physician practice completes 37 prior authorization requirements per physician each week. This means a small group practice of three family physicians would likely complete more than 100 prior authorization requests per week.

- The second is A March 2016 study published in *Health Affairs* (content.healthaffairs.org) that found primary care physicians spend 3.9 hours per week reporting quality measures for performance programs. This same study estimated that the average annual cost of compliance with these quality programs alone was $40,069 per physician.

- Finally, the most alarming statistic may be from a 2016 study published in the *Annals of Internal Medicine* which found that during a typical day, primary care physicians spend 27 percent of their time on clinical activities and 49 percent on administrative activities. The authors of this study concluded that for every hour primary care physicians spend in direct patient care, they spend two hours engaged in administrative functions.

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As we continue our progression towards value-based payment models – a movement that is strongly supported by the AAFP – we must ensure that new payment models do not collapse under a regulatory avalanche.

There are a number of recommendations for how we can collectively address this issue. However, in the spirit of brevity, the AAFP proposes three reforms for your consideration:

1. The elimination, or signification reduction in use of, prior authorizations for DME, diabetic supplies, and generic drugs (especially for chronic medications) for physicians that have an established relationship with the beneficiary/patient.
2. For physicians participating in the Medicare Quality Payment Programs (QPP) the AAFP recommends that all documentation guidelines for evaluation and management (E&M) codes 99211-99215 and 99201-99205 be eliminated for primary care physicians.
3. Physicians negative experience with their electronic health records is probably the leading cause of frustration in the practice. These products are failing physicians. However, the regulatory framework for how physicians must use these products are equally frustrating. While we continue to work towards building a productive EHR and information technology system, we believe CMS should repeal the regulatory framework of the advancing care information and simply require physicians to use a certified electronic health record.

Again, thank you for your leadership and thank you for inviting the AAFP to participate in this important meeting and share our views on this critical issue. We look forward to working with you on solutions that ease the burden on physicians and allow them to spend more time on providing care to patients. I look forward to our discussion.